

State of New Jersey  
Department of Environmental Protection  
Division of Water Quality

**APPLICATION FOR CERTIFICATION OF WATER POLLUTION ABATEMENT FACILITY  
CLAIM FOR TAX EXEMPTION**

TO: Director  
Division of Water Quality  
New Jersey Department of Environmental Protection  
PO Box 029  
Trenton, NJ 08625-0029

Date \_\_\_\_\_

*The following information is submitted in accordance with the provisions of Chapter 127, P.L. 1966  
(N.J.S.A. 54.4 - 3.56 et seq., as amended by Chapter 104, P.L. 1967) and to the best of my knowledge and  
belief is true and correct.*

Signature \_\_\_\_\_

Title \_\_\_\_\_

**Full Business Name** \_\_\_\_\_  
(Claimant as listed on local tax records)

**Type Of Ownership**  
(check one below)

Individual

Partnership

Corporation

**Person To Contact Regarding Additional Details**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Municipality, State & Zip Code

**Location of Abatement Facilities**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Municipality

\_\_\_\_\_  
County

and further described as Lot(s) No. \_\_\_\_\_ in Block(s) No. \_\_\_\_\_

on the Tax Map of said municipality (or Page(s) \_\_\_\_\_ Line(s) \_\_\_\_\_

on the \_\_\_\_\_ Tax List).  
(year)

**Nature of Wastewaters**

**Type of Treatment**

**Means of disposal of discharge, i.e. stream, sewer, lagooning or other**

(continue on next page)

Were treatment facilities plans and specifications approved and permits issued by the New Jersey Department of Health or the New Jersey Department of Environmental Protection for the construction and operation of these facilities? **YES**    **NO**    *(check one)*

*If YES is checked, please provide the permit(s) approval no. and issuance date(s) below.*

Permit No. \_\_\_\_\_ Issuance Date \_\_\_\_\_

Permit No. \_\_\_\_\_ Issuance Date \_\_\_\_\_

Permit No. \_\_\_\_\_ Issuance Date \_\_\_\_\_

Is there a pretreatment facility to permit the pretreated wastewater to be discharged into a public sewer system? **YES**  
**NO (check one)** If YES is checked, the following statement is to be completed by the appropriate official of the sewage treatment plant receiving the pretreated wastewaters.

“All pretreated wastewater is , or will be, accepted for treatment at the public sewage treatment facilities owned and operated by \_\_\_\_\_.”

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date of Completion of Installation \_\_\_\_\_

Does the treatment recover any material of value, which, without treatment, would be lost?      **YES**      **NO**      (*check one*)

Annual Dollar Volume \_\_\_\_\_ Attach a detail statement indicating the disposition of the material and the value in dollars reclaimed by sale or reuse of this material.

Were, or are, any side benefits to plant processes realized by use of treatment system?      **YES**      **NO**      (*check one*)

If yes, describe and evaluate: (attach a detailed statement indicating benefits and value in dollars)

Description and Identification of Water Pollution Abatement Facility						
Unit	Description	Purpose or Use in Water Pollution Abatement Facility	Date of Purchase	Original Cost Reported if Considered Tangible Personal Property used in Business	Original Cost Reported if Considered Real Property	Net Book Value on Date of Application if Considered Real Property

NOTE: Original cost refers to the total cost including engineering, labor and materials. The original cost shall be identified as tangible personal property used in business and/or real property.

(Attach additional sheets if required)